

Bleeding Rates in Severe Non-inhibitor Haemophilia A Patients Across the EU4&UK, US and Japan

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BACKGROUND

Haemophilia A (HA) is a rare congenital bleeding disorder caused by the deficiency or complete absence of coagulation factor (F) VIII¹. Approximately 40% of patients with HA have the severe form of the disease, defined as FVIII plasma level of <1% of normal².

Severe HA is characterised by frequent bleeding into soft tissues and joints that typically begins in childhood¹. Over time, recurrent bleeding can lead to significant restrictions in mobility and impairment to health-related quality of life (HRQOL)³.

AIMS

This study aims to investigate bleeding occurrences among severe haemophilia A patients without inhibitors in EU4&UK (France, Germany, Italy, Spain, UK), US and Japan.

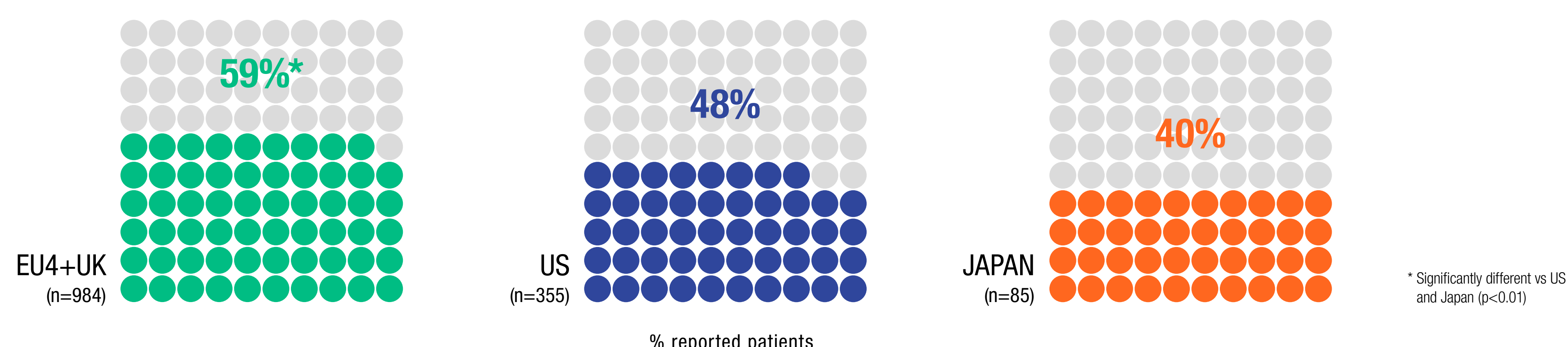
METHODS

- The Ipsos Haemophilia Therapy Monitor is a multi-country, multi-centre online medical chart review study of patients with haemophilia A and B (HA and HB).
- Recruited from a large access panel, 295 treating physicians in EU4&UK (n=180: FR=30, DE=40, IT=40, ES=40, UK=30), US (n=70), and Japan (n=45) were screened for:
 - duration of practice in their specialty, and
 - minimum caseload managed (5 moderate-severe HA patients and 1 moderate-severe HB patient seen in the last six months)
- Sampled physicians provided data on 1958 HA patients, of which 1424 (EU4&UK=984, US=355, JP=85) were non-inhibitor (NI) and had severe HA.
- Data presented were collected between June to August 2021.

RESULTS

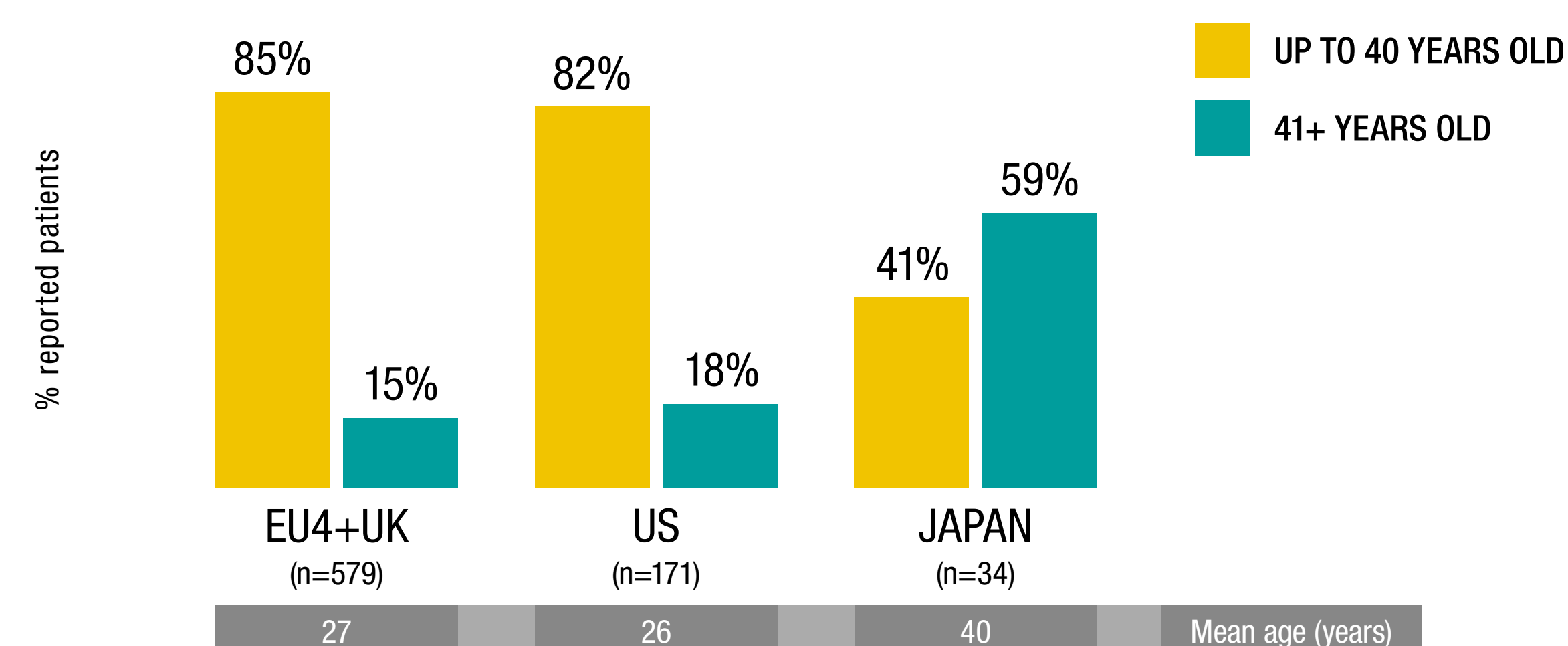
In EU4&UK, 59% of the 984 reported severe NI HA patients experienced a bleed in the last 12 months, significantly higher than 48% of reported US patients (n=171 of 355) and 40% of reported Japan patients (n=34 of 85) (p<0.01) (see Fig. 1).

Figure 1: Percentage of reported severe NI HA patients who experienced at least one bleed in the past 12 months



Source: Ipsos Haemophilia Therapy Monitor (June 2021 - August 2021, 295 doctors across EU4&UK (n=180: FR=30, DE=40, IT=40, ES=40, UK=30), US (n=70) and JP (n=45) reporting on 1424 severe non-inhibitor haemophilia A patients seen in consultation, data collected online. Participating doctors were primary treaters and saw a minimum number of patients per month. Data © Ipsos 2022, all rights reserved.

Figure 2: Age comparison of reported patients who experienced a bleed in the last 12 months

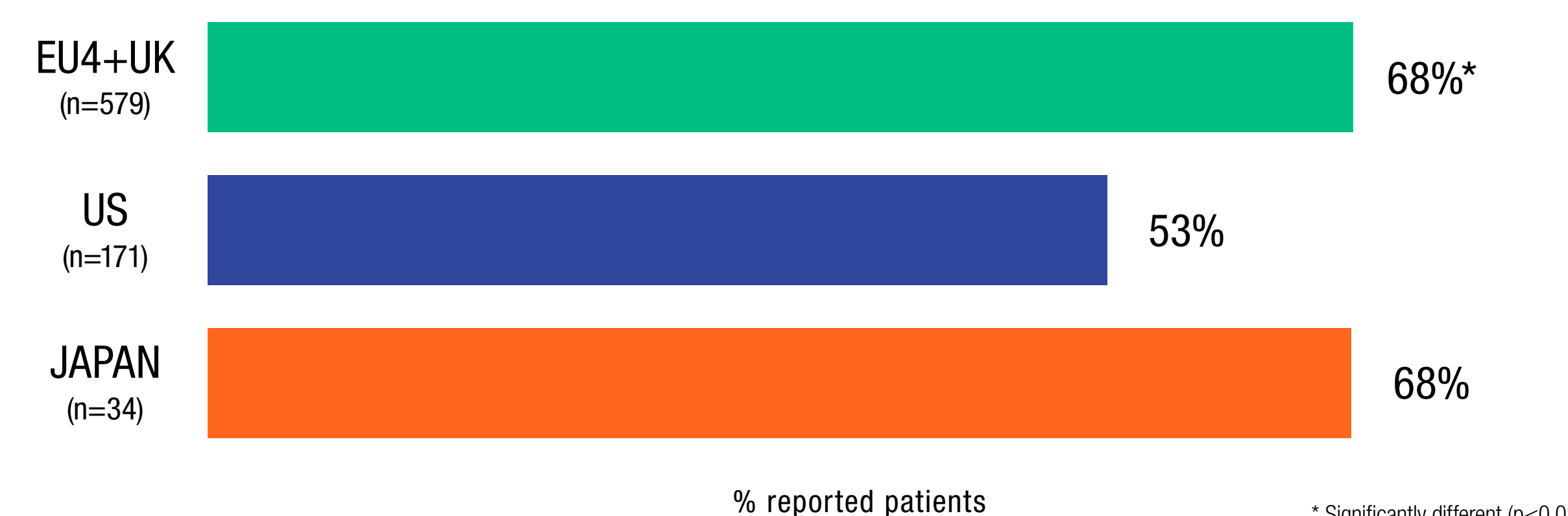


Source: Ipsos Haemophilia Therapy Monitor (June 2021 - August 2021, 295 doctors across EU4&UK (n=180: FR=30, DE=40, IT=40, ES=40, UK=30), US (n=70) and JP (n=45) reporting on 1424 severe non-inhibitor haemophilia A patients seen in consultation, data collected online. Participating doctors were primary treaters and saw a minimum number of patients per month. Data © Ipsos 2022, all rights reserved.

Of the reported severe NI HA patients experiencing a bleed in the last 12 months (EU4&UK=579, US=171, JP=34), those in EU4&UK and US were younger than in Japan (mean age of 27, 26 and 40, respectively). In Japan, 41% (n=14) of reported patients are less than 41 years compared to 85% (n=491) in EU4&UK and 82% (n=140) in US (see Fig. 2).

The percentage of reported patients that switched treatment since diagnosis is similar in EU4&UK and Japan (68%, n=394 and 68%, n=23, respectively). In EU4&UK, it is significantly higher compared to the US (53%, n=91) (p<0.01) (see Fig. 3)

Figure 3: Percentage of reported severe NI HA patients who switched treatment since diagnosis



Source: Ipsos Haemophilia Therapy Monitor (June 2021 - August 2021, 295 doctors across EU4&UK (n=180: FR=30, DE=40, IT=40, ES=40, UK=30), US (n=70) and JP (n=45) reporting on 1424 severe non-inhibitor haemophilia A patients seen in consultation, data collected online. Participating doctors were primary treaters and saw a minimum number of patients per month. Data © Ipsos 2022, all rights reserved.

CONCLUSIONS

In this study cohort, results highlight presence of regional variation across age and switch rates for severe NI HA patients who experienced bleeding in the last 12 months. These variations can be considered when reviewing or developing regionally specific clinical guidelines. Further investigation using comparator cohort is warranted.

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The study was limited to the data collected – there may be other relevant physician/site variables which could contribute to the results seen.

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